



**SCHOOL OF DISTANCE & OFF-CAMPUS EDUCATION
DIRECTORATE OF DISTANCE EDUCATION
DRAVIDIAN UNIVERSITY, Srinivasa Vanam, Kuppam - 517425
APPLICATION FORM FOR LATERAL ADMISSION 200 - 200 .
UG & PG PROGRAMMES**

1. Name of the applicant: _____

2. Father's Name: _____

3. Name of the Course applied for: UG PG Medium : TM EM

4. Subjects: _____

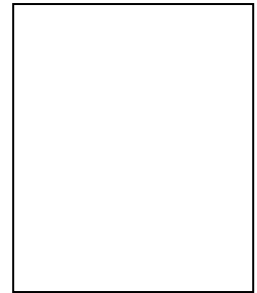
5. Date of Birth:

6. Social Status: SC ST BC OC Sub-Caste:

7. Sex:: Male Female

8. Student's E-Mail ID: (if he/ she has this facility): _____

9. Address for Correspondence:



10. Educational Qualification:

Examination Passed	Name of the Course	Duration of the Course	Name of the Institution College/University	Year of Passing	Subjects	Grade/ Percentage	Class
S.S.C./Equivlent							
Intermediate							
Degree 1 st year							
Degree 2 nd year							
PG 1 st year							
Others(Specify)							

11. Fee Particulars: Bank _____ Amount _____

DD/Chalan No. _____ Date: _____

DECLARATION

I declare that all the information submitted in this application form is correct and complete. I acknowledge that the Dravidian University reserves the right to vary or reverse any decision regarding admission on the basis of incorrect or incomplete information provided by me.

I declare further that I had read & understood all contents of this application form & information Brochure and that I am bound by all their contents for all purposes.

Date:

Signature of the Candidate

For Directorate Use

Admission Details

Admitted Yes _____ No _____

Enrolment Number

Signature of Dealing Assistant:

Original Certificates verified by

Signature of the Admission Officer

INFORMATION FOR FILLING THE APPLICATION FORM

- 1. Course details are to be mentioned clearly.**
- 2. Subjects chosen have to be specified clearly, filling when the application form will not be processed.**
- 3. All the columns are to be filled.**